

STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT
DIVISION OF INSURANCE
333 Willoughby Avenue, 9th Floor
P.O. Box 110805
Juneau, AK 99811-0805
(907) 465-2515 Telephone
(907) 465-2816 Fax

EXEMPTION FROM LICENSURE UNDER AS 21.27.010(j)

Unless otherwise provided under Alaska Statutes, a person may not act as, or represent to be an insurance producer or a Surplus Lines Broker (SLB), in this state or relative to a subject resident, located, or to be performed in this state, unless licensed.

A person may qualify for exemption from the license requirement under Alaska Statute (AS) 21.27.010(j)(6), if the person:

- is not a resident of this state; and
- sells, solicits, or negotiates commercial property and casualty insurance for an insured with risks located in more than one state; and
- the person is licensed as an insurance producer or surplus lines broker in the state where the insured maintains its principal place of business; and
- the contract of insurance covers risks located in that state.

FILING REQUIREMENTS

It is not statutorily-required for a person to file for exemption with our office. However, if we receive an inquiry or consumer complaint on a person that is not registered with our office, that person will be contacted to determine whether they are transacting the business of insurance in compliance with Alaska insurance laws.

1	APPLICANT NAME _____																			
2	TYPE OF BUSINESS Check the legal business type for which you are applying: Legal Business Type C – Corporation P – Partnership S – Sole Proprietorship LLC – Limited Liability Corporation LLP – Limited Liability Partnership																			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="5">Legal Business Type</td> </tr> <tr> <td style="text-align: center;">C</td> <td style="text-align: center;">P</td> <td style="text-align: center;">S</td> <td style="text-align: center;">LLC</td> <td style="text-align: center;">LLP</td> </tr> </table>					Legal Business Type					C	P	S	LLC	LLP	Incorporation/Formation Date month ____ day ____ year ____		FEIN	State of Domicile	Country of Domicile
Legal Business Type																				
C	P	S	LLC	LLP																
3	Date of Birth month ____ day ____ year ____				Social Security Number		If assigned, National Producer Number													
	Resident Home Address (Physical Street)			City			State	Zip Code	Foreign Country											
4	Business Physical Address			City			State	Zip Code	Foreign Country											
	Applicant Mailing Address			P.O. Box	City		State	Zip Code	Foreign Country											
	Business E-mail Address						Business Website Address													
5	BUSINESS NUMBERS																			
	Phone # _____						Fax # _____													
6	CERTIFICATION I certify under penalty of perjury the following: _____ (name of person/firm claiming exemption) is not a resident of Alaska. _____ (name of person/firm claiming exemption) transact commercial property and casualty insurance for _____ (insured's name). _____ (insured's name) has risks located in the states of _____, _____, _____, _____, (use separate page if necessary). The insured maintains its principal place of business _____. _____ (name of person claiming exemption) is licensed as an insurance producer/surplus lines broker (circle one) in the state where the insured maintains its principal place of business. The policy written covers risks located in the state where the insured maintains its principal place of business. I have read and understand the Alaska Statutes relevant to transacting the business of insurance. I have read the foregoing application and know the contents thereof and attest that each statement therein made is full, true, and correct.																			
	Signature of Person Claiming Exemption						Printed Last, First, and Middle name													
	Title						Date													